

TELECOMMUTING FACILITY REIMBURSEMENT INFORMATION SHEET					1. REQUEST DATE		2. CONTROL NUMBER(GSA Use only)		
3. AGENCY NAME						4. TELECENTER WORK SITE			
5A. AGENCY CONTACT									
5B. CONTACT TELEPHONE NO.		AREA CODE	PHONE NUMBER		EXT.	5E. CONTACT ADDRESS			
5C. CONTACT FAX NUMBER		AREA CODE	PHONE NUMBER						
5D. E-MAIL									
6. FLEXIBLE WORKPLACE PROGRAM SUMMARY : List fees and usage below (30-days notice is required for fee adjustments related to unused workstation days):									
<div style="display: flex; justify-content: space-between;"> <div> WEEKLY USAGE EMPLOYEE NAME MON TUE WED THU FRI </div> <div>MONTHLY COST (\$'S)</div> </div>									
TOTAL COSTS:									
1) This payment document will be submitted to GSA on an annual basis. 2) The user will give the center director 30-days notice prior to vacating a telecenter or requesting fee adjustments <u>and</u> notify the appropriate user agency personnel. 3) The telecenter director will notify GSA of the use termination by signing in Section 18 and forwarding a copy of this document to GSA, PBS, Business Performance.									
CHECK AS APPROPRIATE:			10. REQUESTED SERVICE DATES:			13A. FED CODE		13B. BUREAU CODE	
<input type="checkbox"/>	7. New User		A. START:			14A. AGENCY FINANCE BILLING ADDRESS			
<input type="checkbox"/>	8. Amendment		B. COMPLETION:						
9A. BILLING TYPE		9B. BILLING TERMS		11. AGENCY CERT. AMT.					
12A. AGENCY LOCATION CODE			12B. AGENCY ID #		12C. FUND CODE		14B. STREET ADDRESS		
12D. AGENCY ACCOUNTING DATA: (LIMITED TO 60 CHARACTERS)						14B. CITY		14C. STATE	14D. ZIP CODE
15A. CERTIFYING OFFICIAL'S SIGNATURE					15B. DATE				
16A. CREDIT CARD NUMBER						16B. EXP. DATE			
16C. TYPE OF CARD (i.e., VISA)						16D. CARD HOLDER NAME (TYPE OR PRINT)			
15C. NAME OF SIGNER (Type or Print)						17. CERTIFYING OFFICIAL'S PHONE NUMBER			
						AREA CODE		PHONE NUMBER	EXT.
18. CENTER DIRECTOR TERMINATION SIGNATURE						(GSA Records) FOR POINT OF SALE TERMINALS ONLY			
						<input type="checkbox"/> A. FINANCE <input type="checkbox"/> B. PBS			
						SIGNER'S NAME (Type or Print)		25C. DATE	
(This sheet may be photocopied) Attachment 2									

KEEP A COPY FOR YOUR RECORDS AND FORWARD COPIES TO:

- 1) **YOUR OBLIGATING/PAYING OFFICE**
- 2) **GSA (Business Performance, 1800 F Street NW, Washington, DC 20405 attn: Penny Einarsen, Room 4333)**
- 3) **Telecenter User**

Instructions For Completing the Telecommuting Facility Information Sheet

1. Enter Date of request.
2. Leave Control Number Blank GSA Use Only
3. Enter name of Agency requesting telecenter use.
4. Enter telecenter location name & building #:

Telecenter Name & Building #'s:

MARYLAND

Calvert County & Charles County
Hagerstown
Bowie
Frederick
Laurel / Reistertown
Laurel Lakes

MD0459ZZ	Winchester
MD0460ZZ	Spotsylvania
MD9999ZZ	Stafford, Woodbridge
MD0476ZZ	Manassas, George Mason
MD9992ZZ	Herndon
TBD	Fairfax City
	Sterling
	Woodbridge

VIRGINIA

VA0547ZZ
VA0559ZZ
VA0567ZZ
VA9999ZZ
VA9994ZZ
VA9993ZZ
VA9992ZZ
VA0824ZZ

WEST VIRGINIA

Jefferson County

WV0213ZZ

- 5a-e. Enter information regarding the individual responsible for agency employee(s) telecenter coordination.
6. Enter a concise statement of workstation used, fees and total projected monthly costs
7. Check if new information sheet.
8. Check if submittal is a modification to an existing AGREEMENT or information sheet.
- 9a. Enter billing type: C = Credit Card
- 9b. Enter billing terms: A = Advance, C = At completion, M = Monthly, Q = Quarterly, T = At Termination, Y = Annually (in arrears),
- 10a-b. Enter agreed upon project start and completion dates.
11. **Enter the total dollar amount approved for funding. Must match GSA's established telecenter fees.**
- 12a. Enter the eight (8) character agency location code. (Treasury Pay-station Designator)
- 12b. Enter the appropriate agency identification number.
- 12c. Enter the appropriate agency fund code.
- 12d. Enter agency accounting information (Limited to 60 characters).
- 13a. Enter the agency Fed Code. 13b. Enter the agency bureau code.
- 14a-d. Enter the appropriate billing address information.
- 15a-c. Enter signature, name and date of agency's authorized representative, certifying the validity of order and the availability of funds.
- 16a. Enter Credit Card Number (Or phone the appropriate GSA official with this information).
- 16b. Enter expiration date
- 16c. Enter type of Card. 16d. Enter Card Holder's name.
17. Enter the certifying official's phone number.
18. Telecenter Director signs here when user vacates workstation and sends copy of Information Sheet to GSA.